

# Medicaid Advisory Committee Meeting October 14, 2008

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**Committee Members:** P- Present, A- Absent

Michael Baker	A	Maureen Griffin	P	Donald Mulligan, Sr.	A
Lula E. Baxter	A	Maureen Hoffmeyer	P	Michael Phelps	P
Matthew Brooks	P	Susan M. Holbert Sherry Hodge - Proxy	P	Ed Popcheff Jay Dziwlik - Proxy	A
Mike Claphan	P	Ernest C. Klein	A	Daniel Rexroth	P
Rep. William Crawford	A	John Kukla	A	Todd Stallings	A
Rep. Jeffrey K. Espich	A	Senator Jim Merritt	A	Jeff Wells	P
Monica Foye	P	Dr. Judith Monroe Dr. Judith Ganser - Proxy	P		

## **Opening Comments**

*Dr. Jeff Wells* said that *Chairman Todd Stallings* would not be present and that *Mike Claphan* has volunteered to Chair this meeting.

## **Approval of draft minutes from July 8, 2008 meeting**

At a regular meeting of the MAC held on October 14, 2008, *Mike Claphan* asked the *Committee* if there were any additions or changes for the July 8, 2008 meeting draft minutes.

**Motion:** A motion to approve the draft minutes was moved, seconded, and approved.

## **Notice of Intent**

*Joy Heim*, Staff Attorney from FSSA reviewed the Notice of Intent for presumptive eligibility services for pregnant women. The presumptive eligibility services, provides a limited period for eligibility of pregnant women. The limit is from the time the woman goes to a provider for prenatal services until her Medicaid is determined. This limited period is for no more than 60 days for prenatal services. The pregnant woman will be required to apply for Medicaid during the 60 days limited period. Enrolled providers trained and certified by Medicaid will only be able to apply for the presumptive eligibility.

## **Quality Health First: A Value-based Reimbursement Program**

*Dave Kelleher*, Director of Employers Forum of Indiana, provided a presentation of the Quality Health First Overview. Presenting with *Mr. Kelleher* is *Chris Schultz*, Director of Quality Health First (QHF) at the Indiana Health Information Exchange (IHIE). QHF is a collaboration of members created by the Employers Forum of Indiana, and another employer based coalition which expanded later to include other stakeholders along with IHIE which developed and administers a value-based reimbursement program. The Forum started as a discussion group among large employers discussing health care issues. The Forum realized that they would need health plans, physicians, hospitals, public health officials, and others at the table. A quality committee was developed. The initial discussion was about how to improve the adoption and use of a chronic care registry. Some challenges were, "How to obtain/provide quality information in a manner that was not intrusive or costly to providers", and "How to get community and physicians to concentrate on changing certain aspects of care". The decisions were:

1. They needed community-wide information with credibility at the level of the individual practitioner,
2. Need both incidence information (claims) and clinical information (lab values, prescriptions filled) – both payers and providers want this information,
3. No carrier or payer is large enough to produce this information alone,
4. Carriers should not compete in measuring quality (dueling report cards).

QHF is a community-wide, multi-population, quality measurement/reporting and pay-for-performance program. The Hub for the program is IHIE program which has approximately 150 organizations. All stakeholders are represented in governance. Measures are chosen by physicians and carriers. QHF Program provides reports for physicians of comparison performance and "Alerts/Reminders", reports to Health Insurers of performance reports for their providers across all populations, and in the near future will provide public reports for consumers with comparative provider scores

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to improve transparency of care. *Mr. Schultz* discussed the Patient Care Report which is a one sheet report that will provide alerts and reminders to physicians. This report will also provide a reconciliation turn around form which when returned, will allow updates to the Patient Care Report.

The value to participants of QHF is that it is a trusted independent source of information, population coverage, includes clinical information, accuracy of provider attribution, rapid improvement with pay for participation focus across carriers/populations, ability to grow to a regional solution – with carrier/payer support, transportable agreements with laboratories, hospitals, PBMs, and carriers.

### **Hoosier Healthwise 2009 Quality Targets Update**

A handout was distributed, “2009 Incentive Payment Program – Performance Measures and Targets” which showed the incentive payments – withholds, and the incentive payments for bonuses. With the three health plans that the state has contracted with, there are withhold incentives where a percentage is kept of the total capitation payment until the health plan has met performance. There are bonus payments for above and beyond the capitation rate if performance targets are met or exceeded, and there is additional money that would be payable to the health plan. The expectation is that 50% of those payments would then be passed on through to providers.

### **Telemedicine & Telehealth: Opportunities for Improving Access**

A copy of the Provider Bulletin BT200802 was distributed regarding Telemedicine. There was Committee discussion regarding the barriers. *Judith Ganser* of Indiana State Department of Health will provide feedback of a recently acquired grant obtained by Indiana Rural Health Association for high speed internet service. The focus of the bulletin is on Interactive Television (IATV) in which real time would be beneficial. The equipment needed may be a barrier for some providers.

### **Proposed Meeting Dates for 2009 MAC Meetings**

The Committee discussed the 2009 meeting dates. The confirmed dates are January 12<sup>th</sup>, May 5<sup>th</sup>, August 11<sup>th</sup>, and October 13<sup>th</sup>, 2009.

### **Questions/Other Issues**

A question was asked by the Committee if data was available on current provider enrollment. The provider enrollment data would be difficult to know as the provider may be enrolled, but may not be accepting new patients. The issue that was discussed was optometrists and pain management specialists who were trying to refer out their patients before the provider terminated Medicaid. *Dr. Wells* said that the real issue is if the member has a need, can they find access to find a provider that would be accepting new Medicaid patients.

*Mike Claphan* adjourned the meeting.

**Please Note:** *The next Medicaid Advisory Committee meeting will be held on Monday, January 12, 2009, from 2:00pm – 4:00pm in the IGCS Conference Center Room C.*